

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **33829**  
**4268**

FILED NOV 1 1943

Registration District No. **149**

Primary Registration District No. **1002**

Registrar's No.

1. PLACE OF DEATH:

(a) County **Jackson**  
(b) City or town **Kansas City**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**General Hospital No. 2**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **9 Days**  
(Specify whether  
In this community **26 Years**  
years, months or days)

3. (a) PRINT FULL NAME **BETTY HILL**

3. (b) If veteran, name war **No** 3. (c) Social Security No. **None**  
4. Sex **Female** 5. Color or race **Negro** 6. (a) Single, widowed, married, divorced **Married**  
6. (b) Name of husband or wife **Thomas Hill** 6. (c) Age of husband or wife if alive **72** years  
7. Birth date of deceased **September 13, 1872**  
(Month) (Day) (Year)

8. AGE: Years **71** Months **0** Days **21** If less than one day hr. min.

9. Birthplace **Louisville, Kentucky**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business

12. Name **Don't Know**  
13. Birthplace **Don't Know**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Don't Know**  
15. Birthplace **Don't Know**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Record Clerk**  
(b) Address **General Hospital No. 2**

17. (a) **Burial** (b) Date thereof **10-7-43**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Lincoln Cemetery**  
**Brady Funeral Home**

18. (a) Signature of funeral director **1708 Tracy**  
(b) Address

19. (a) **10-7-43** (b) **P. E. Brown**  
(Date received from registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson**  
(c) City or town **Kansas City**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **1604 Eyda St. 1st Fl. No.**  
(If rural, give location)  
(e) Citizen of foreign country? **No** (Yes or No)  
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Oct.** day **4**  
year **1943** hour **11** minute **30 A.M.**

21. I hereby certify that I attended the deceased from **9-25-43**  
to **10-4-43**  
that I last saw her alive on **10-4-43**  
and that death occurred on the date and hour stated above.

Immediate cause of death

**Cerebrovascular Accident**

Due to

Due to

Other conditions  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations

Of autopsy

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)  
(b) Date of occurrence  
(c) Where did injury occur?  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place)  
(c) Means of injury

23. Signature **P. E. Brown** M.D.  
**General Hos p. No. 2** (M. D. or other)  
Address Date signed **10-5-43**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

\_\_\_\_\_ working under my personal supervision.

Registered Apprentice No. \_\_\_\_\_

Signed \_\_\_\_\_

Licensed Embalmer No. 1271

P. O. Address \_\_\_\_\_

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**